# Form CPF M 102-S: Brookline Supplemental Campaign Finance Report Sec. 4.9 of the Town By-Laws

TOWN CLERK'S OFFICE APR 12'22 AM9:58

# Please print or type all information except signatures

Report period:    Michael A. Burstein	
Michael A. Burstein  Full name of candidate Library Trustee Office sought 50 Garrison Rd. #1, Brookline, MA 02445 Residential address  Tel. No. (optional)  Tel. No. (optional)  Tel. No. (optional)  Tel. No. (optional)  SUMMARY BALANCE INFORMATION  Line 1: Ending balance from previous report Line 2: Total receipts this period (from page 2, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (from page 3, line 14) Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (from page 4) Line 7: Total of all outstanding liabilities (from page 4) Line 8: Name of bank used  Affidavit of Committee Treasurer: 1 certify that I have examined this report, including attached schedules, and it is, to the best of my knowledge and belief, a true and complete stat campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this read represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the requisition of the period of the committee in accordance with the req	101)
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Signed under the penalties of perjury:  April 9, 2022	porting period
Tressurer's signature (in ink)  Data	
ricesurer a signature (iii iiiv)	
FOR CANDIDATE FILINGS ONLY: (Candidate must sign below)	
Affidavit of Candidate: (check one box only)	
☐ Candidate with committee and no activity independent of the committee ☐ I certify that I have examined this report, including attached schedules, and it is, to the best of my knowledge and belief, a true and complete state	
campaign finance activity, of all persons acting under the authority, or on behalf of this committee, in accordance with the requirements of M.G.	ment of all
Brookline By-Law 3.1.7. I have not received any contributions, incurred any liabilities, nor made any expenditures on my behalf during this repelling Candidate without committee OR candidate with independent activity filing separate report	c. 55 and
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Middle G. But Signed under the penantics of perjuty.  April 9, 2022	. c. 55 and rting period. ement of all porting period
Candidate's signature (in ink)  Date	. c. 55 and rting period. ement of all porting period

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, **in alphabetical order**, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need itemize only those over \$50 in addition, the occupation and employer must be reported for all persons who contribute\$200 or more in a calendar year. Receipts of \$50 or less may be added together, from committee records, and reported on line 10 rather than line 9.

This page may be copied if additional pages are required to report all receipts. If you do so, include your committee name and a

Date ceived	Name and residential address (alphabetical listing required)	Amoı	ınt	Occupation and employer (for contributions over \$50)
	(orpose)			
	W Park MANUEL			
		<b> </b>		
			1	
		-	+	
Line O. T.	etal receipts of more than \$50 (or listed shave)	-	++	
	otal receipts of more than \$50 (or listed above)	50	00	
	otal receipts of \$50 or less (not listed above)* ine 11: Total receipts this period	100	00	
L	(Enter here and on page 1, line 2)	50	00	

<sup>\*</sup>Receipts of \$50 or less may be itemized above. If you do so, include them in Line 9 rather than Line 10. Line 10 must include only receipts not itemized above.

Page 2

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need itemize only those over \$50. Expenditures of \$50 or less may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. If you do so, include your committee name

and a page number on each additional page.

Date paid	To whom paid (listed alphabetically)	Addres	ss		Purpose of expenditure	Amou	nt
paid	(nsted alphabetically)					1	
				ļ			
		1					
					The state of the s		_
					TANALIA AND THE TANALIA AND TH		
	otal expenditures of more than \$50			Ι.			
	Total expenditures of \$50 or less (		50	0	•		
Liı	ne 14: Total expenditures the (Enter here and on page 1, line	nis period e 4)	50	00			

<sup>\*</sup>Receipts of \$50 or less may be itemized above. If you do so, include them in line 12 rather than line 13. Line 13 must include only receipts not itemized above.

Page 3 Burstein for Brookline

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions of \$50 or less may be itemized and included in line 15, or added together from the committee's records and included in line 16.

Date received	From whom received*	Residential address	Description of contribution	Value
			•	
~ .	1			
	e 15: In-kind over \$50 (or lis			
Line	e 16: In-kind \$50 or less (no	t listed above)		
I	ine 17: Total in-kind cont	ributions		
	(Enter here and on page 1, 1	ine 6)		
*If an in-ki	nd contribution is received from a	person (including candidate) who con	itributes more than \$50 in a ca	lendar vear, voi

<sup>&#</sup>x27;If an in-kind contribution is received from a person (including candidate) who contributes more than \$50 in a calendar year, you must report the name and address, occupation and employer of the contributor.

#### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL outstanding liabilities, including those which have been reported previously as well as those incurred during this reporting period.

Date incurred	To whom due	Address		ess	Purpose	Amo	unt
4/1/12	Michael A. Burstein	50 Garrison Rd. #1, Brookline, MA 02445			Personal loan from candidate	680	00
4/1/17	Michael A. Burstein	50 Garrison Rd. #1, Brookline, MA 02445			Personal loan from candidate	220	00
4/1/18	Michael A. Burstein	50 Garrison Rd. #1, Brookline, MA 02445			Personal loan from candidate	10	00
4/1/22	Michael A. Burstein	50 Garrison Brookline, M			Personal loan from candidate	50	00
Line	e 18: Total outstanding liabi (Enter here and on page 1, line 7)		960	00			

This page may be copied if additional pages are required to report all activity, Include committee name and a page number on each additional page.

Page 4

Burstein for Brookline

# Form CPF M 102-S: Brookline Supplemental Campaign Finance Report Sec. 4.9 of the Town By-Laws



# Please print or type all information except signatures

Fill in dates: Month Day Yea Reporting period beginning January 1, 2022	Month Day Year and ending April 18, 2022
Report period:	re election
Not applicable	Brookline for Everyone Political Action Committe
Full name of candidate	Committee name Jeff Wachter
Office sought	Name of committee treasurer 411 Washington Street #6, Brookline, MA 02446
Residential address	Committee mailing address
Tel. No. (optional)	Tel. No. (optional)
SUMMARY BALAN	CE INFORMATION
Line 1: Ending balance from previous re Line 2: Total receipts this period (from pa Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (fr Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this per Line 7: Total of all outstanding liabilities (f Line 8: Name of bank usedBrookline Ba	\$\frac{1,948.00}{\$\\$3,750.55}\$  From page 3, line 14)  \$\frac{3,750.55}{\$\\$93.60}\$  \$\frac{3,656.95}{\$\\$3,656.95}\$  \$\frac{5}{\$\\$2,116.33}\$
Affidavit of Committee Treasurer:  I certify that I have examined this report, including attached schedules, and it is, campaign finance activity, including all contributions, loans, receipts, expenditur and represents the campaign finance activity of all persons acting under the author.  M.G.L. c. 55 and Brookline By-Laws, sec. 4.9.  Signed under the p	es, disbursements, in-kind contributions and liabilities for this reporting period
FOR CANDIDATE FILINGS	ONLY: (Candidate must sign below)
Affidavit of Candidate: (check one box only)  Candidate with committee and no activity independent of the co I certify that I have examined this report, including attached schedules, and it is, campaign finance activity, of all persons acting under the authority, or on behalf Brookline By-Law 3.1.7. I have not received any contributions, incurred any liable Candidate without committee OR candidate with independent a I certify that I have examined this report, including attached schedules, and it is, campaign finance activity, including all contributions, loans, receipts, expenditure and represents the campaign finance activity of all persons acting under the auth M.G.L. c. 55 and Brookline By-Laws, sec. 4.9.  Signed under the process of the committee of the contributions.	to the best of my knowledge and belief, a true and complete statement of all of this committee, in accordance with the requirements of M.G.L. c. 55 and bilities, nor made any expenditures on my behalf during this reporting period.  ctivity filing separate report to the best of my knowledge and belief, a true and complete statement of all res, disbursements, in-kind contributions and liabilities for this reporting period
Candidate's signature (in ink)	Date

#### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, **in alphabetical order**, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need itemize only those over \$50 In addition, the occupation and employer must be reported for all persons who contribute\$200 or more in a calendar year. Receipts of \$50 or less may be added together, from committee records, and reported on line 10 rather than line 9.

This page may be copied if additional pages are required to report all receipts. If you do so, include your committee name and a

page number on each additional page.

Date	Name and residential address	Amou	nt	Occupation and employer	
received	(alphabetical listing required)	1		(for contributions over \$50)	
1/28/2022	Cora Weissbourd 82 Toxteth Street, Brookline, MA 02446	500		Contractor, RMI	
2/21/2022	Joan Lancourt 139 Beaconsfield Road, Apt 3, Brookline, MA 02445	50			
2/27/2022	Eric Hyett 1569 Beacon St, Apt 62, Brookline, MA 02446	100		Writer/Translator, self employed	
3/14/2022	Harold Simansky 99 Winchester St #1 Brookline, MA 02446-2743	100		Registered Investment Advisor Simansky Investments	
3/25/2022	David Porter 21 Clark Rd, Brookline, MA 02445	50			
3/31/2022	Harold Simansky 99 Winchester St #1 Brookline, MA 02446-2743	100		Registered Investment Advisor Simansky Investments	
3/31/2022	Eric Hyett 1569 Beacon St, Apt 62, Brookline, MA 02446	100		Writer/Translator, self employed	
4/1/2022	Damon Graff 46 Williams St, Brookline, MA 02446	50			
4/5/2022	Roslyn Feldberg 1501 Beacon St., Apt 806, Brookline, MA 02446	50			
4/8/2022	Sean Leckey 48 Marshal Street, Unit A, Brookline, MA 02446	150			
4/8/2022	Cornelia van der Ziel 100 Wolcott Rd, Chestnut Hill, MA 02467	100			
4/9/2022	Nate Tucker 21 Bowker Street, Brookline, MA 02445	100			
4/9/2022	Robert Lepson 36 Thorndike Street, Brookline, MA 02446	50			
4/10/2022	Yukiko Egozy 34 Manchester Rd, Brookline, MA 02446	100			
4/11/2022	Barbara Gutman 160 Boylston St, Apt 1302, Newton, MA 02467	150			
Line 9:	Total receipts of more than \$50 (or listed above)	\$1,750.	00		
Line 10	: Total receipts of \$50 or less (not listed above)*	\$198.	00		
	Line 11: Total receipts this period (Enter here and on page 1, line 2)	\$1,948	00		

<sup>\*</sup>Receipts of \$50 or less may be itemized above. If you do so, include them in Line 9 rather than Line 10. Line 10 must include only receipts not itemized above.

M.G.L. c. 55 requires committees to list, **in alphabetical order**, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need itemize only those over \$50. Expenditures of \$50 or less may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. If you do so, include your committee name

and a page number on each additional page.

Date paid	To whom paid (listed alphabetically)	Addres	§	Purpose of expenditure	Amou	nt
Various	ActBlue Technical Services	366 Summer Stree Somerville, MA 0		Service Fees	\$71.10	
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						-
Market Market State Control of the C						H
Line 12.	Total expenditures of more than \$50	(or listed above)	71.10			
	: Total expenditures of \$50 or less (r		22.50			
	ine 14: Total expenditures th (Enter here and on page 1, line	is period	93.60			

<sup>\*</sup>Receipts of \$50 or less may be itemized above. If you do so, include them in line 12 rather than line 13. Line 13 must include only receipts not itemized above.

#### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions of \$50 or less may be itemized and included in line 15, or added together from the committee's records and included in line 16.

Date received	From whom received*	Residential address	Description of contribution	Value
Line	15: In-kind over \$50 (or lis	eted above)		
Line	16: In-kind \$50 or less (no	t listed above)		
	ine 17: Total in-kind conti			
ſ	(Enter here and on page 1, 1		4.11.4 den.	

<sup>\*</sup>If an in-kind contribution is received from a person (including candidate) who contributes more than \$50 in a calendar year, you must report the name and address, occupation and employer of the contributor.

### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL outstanding liabilities, including those which have been reported previously as well as those incurred during this reporting period.

Date incurred	To whom due	Address	Purpose	Amount
April 2021	Amanda Zimmerman	411 Washington St, #6 Brookline, MA 02446 Payment to Potter's Printing for campaign mailing/fliers		2,116.33
Line	18: Total outstanding liabi	10.116.00		· L

This page may be copied if additional pages are required to report all activity, Include committee name and a page number on each additional page.

Page 4



Form SEL102: Brookline Supplemental Campaign Finance Report
To be completed by candidates for the Office of Selectman pursuant to
Sec. 3.1.7 of the Town Bv-Laws

# Please print or type all information except signatures

	Reporting period beginning Month Day Year 1 2のイン	and ending $A_{\mathcal{P}\mathcal{U}}$	Pay Year
	Full name of candidate	Committee name	
		Name of committee treasurer	
		Committee mailing address	Tel. No. (optional)
7.25	22 PNO:43 SUMMARY BALANCE:	INFORMATION	
	Line 2: Total receipts this period (from page 2 Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (from Line 5: Ending balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period Line 7: Total of all outstanding liabilities (from Line 8: Name of bank used  Affidavit of Committee Treasurer: I certify that I have examined this report, including attached schedules, and it is, to the campaign finance activity, including all contributions, loans, receipts, expenditures, dis and represents the campaign finance activity of all persons acting under the authority o M.G.L. c. 55 and Brookline By-Laws, sec. 3.1.7.	page 3, line 14)  s s s s s (from page 4) s page 4)  best of my knowledge and belief, a true a chursements, in-kind contributions and liar on behalf of this committee in accordance.	and complete statement of all
	Treasurer's signature (in ink)	Date	
r-		Y: (Candidate must sign below)	
	Candidate with committee and no activity independent of the committee certify that I have examined this report, including attached schedules, and it is, to the campaign finance activity, of all persons acting under the authority, or on behalf of this Brookline By-Law 3.1.7. I have not received any contributions, incurred any liabilities, candidate without committee OR candidate with independent activity certify that I have examined this report, including attached schedules, and it is, to the campaign finance activity, including all contributions, loans, receipts, expenditures, dis and represents the campaign finance activity of all persons acting under the authority of M.G.L. c. 55 and Brookline By-Laws, sec. 3.1.	best of my knowledge and belief, a true a committee, in accordance with the requinor made any expenditures on my behalf filing separate report best of my knowledge and belief, a true a bursements, in-kind contributions and liat on behalf of this committee in accordance.	rements of M.G.L. c. 55 and f during this reporting period.  and complete statement of all abilities for this reporting period
4	Candidate's signature (in ink)	Date	Ly V

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need itemize only those over \$50. Expenditures of \$50 or less may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. If you do so, include your committee name and a page number on each additional page.

Date paid	To whom paid (disted alphabetically)	Address	Purpose of expenditure	Amount	
	Brooklik PX Campen Com the	Brookfill	DONATION	50	C
	10.	·			
			·		
					<u></u>
			·		
	·				
			•		
		Line 12: Total expenditures of r			
		Line 14: Total expe	f \$50 or less (not listed above)*  nditures this period on page 1, line 4)	500	

<sup>\*</sup>Receipts of \$50 or less may be itemized above. If you do so, include them in line 12 rather than line 13. Line 13 must include only receipts not itemized above.



Signed under the penalties of perjury:

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: 01/18,	
Type of Report: (Check one) \( \sum_{15\tau_{15\tu_{	
Michael Sandman  Candidate Full Name (if applicable)  Select Board - Brookline	Committee to Elect Mike Sandman Committee Name Eleanor Boynton
Office Sought and District  115 Sewall Ave #4, Brookline, MA 02446  Residential Address	Name of Committee Treasurer  16 Crowninshield Rd, Brookline, MA 02446  Committee Mailing Address
E-mail:msandman1943@gmall.com  Phone # (optional):	F-mail: ellie@garnet-solutions.com  Phone # (optional):
SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report	0
Line 2: Total receipts this period (page 3, line 11)	5,487
Line 3: Subtotal (line 1 plus line 2)	5,487
Line 4: Total expenditures this period (page 5, line	e 14) 2,953.12
Line 5: Ending Balance (line 3 minus line 4)	2,533.88
Line 6: Total in-kind contributions this period (page	ge 6) 0
Line 7: Total (all) outstanding liabilities (page 7)	0
Line 8: Name of bank(s) used: Eastern Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind e finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 04/18/2022
Candidate with Committee  1 Certify that I have examined this report including attached schedules and it is, to the	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.
from the finance activity, including contributions, loans, receipts, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this	, in-kind contributions and liabilities for this reporting period and represents the

(Candidate's signature)

## **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
04/11/2022	John Bassett 26 Searle Ave, Brookline, MA 02446	200	
03/07/2022	Peter Bleyleben 66 Norfolk Rd, Chestnut Hill, MA 02467	100	
01/26/2022	Carol Caro 1264 Beacon St, Brookline, MA 02446	200	
04/10/2022	Jane Flanagan 854 Hammond St, Chestnut Hill, MA 02467	100	
03/24/2022	Edward N. Gadsby, Jr. 60 Glen Rd #204, Brookline, MA 02445	100	
02/04/2022	Carol Gladstone 28 Copley St, Brookline, MA 02446	200	
01/31/2022	Neil Gordon 87 Ivy St, Brookline, MA 02446	100	
03/02/2022	Pamela Katz 29 Columbia St, Brookline, MA 02446	125	
02/09/2022	Steve Lampert 16 Harcourt St, Boston, MA 02116	500	Physician, Lifespan Physician Group
02/01/2022	David Lescohier 50 Winchester St, Brookline, MA 02446	250	Retired
02/01/2022	Carol Levin 61 Blake Rd, Brookline, MA 02445	100	
03/21/2022	Suzanne & Sergio Madigliani 134 Salisbury Rd, Brookline, MA 02445	100	
Line 9: Total Rece	cipts over \$50 (or listed above)	2,075	
Line 10: Total Rec	eipts \$50 and under* (not listed above)		
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

# **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
02/09/2022	Alan Morse 160 Aspinwall Ave, Brookline, MA 02446	200	
03/06/2022	Sam Parnell 60 Longwood Ave #310, Brookline, MA 02446	125	
02/16/2022	Marty Rosenthal 62 Columbia St, Brookline, MA 02446	100	
02/07/2022	Joanna Sandman 115 Sewall Ave #4, Brookline, MA 02446	100	
01/18/2022	Michael Sandman 115 Sewall Ave #4, Brookline, MA 02446	1,000	Retired
03/25/2022	Paul Saner 462 Chestnut Hill Ave, Brookline, MA 02445	100	
02/16/2022	Arthur Segel 228 Dean Rd, Brookline, MA 02445	500	University Professor, Harvard Business School
03/02/2022	Alan Sharaf 112 Salisbury Rd, Brookline, MA 02445	500	Attorney, SKM Title & Closing Services, PC
01/26/2022	Rebecca Stone 71 Toxteth St, Brookline, MA 02446	250	Self-employed consultant
03/21/2022	James Waldroop 1443 Beacon St, Brookline, MA 02446	250	Founder and President, CareerLeader, LLC
was a second and the			
Line 9: Total Reco	eipts over \$50 (or listed above)	5,200	
Line 10: Total Rec	eipts \$50 and under* (not listed above)	287	
	RECEIPTS IN THE PERIOD	5,487	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
Date Faid	(aiphabetical fisting)	Address	Turpose of Expenditure	Amount
02/22/2022	Carol Caro	1264 Beacon St #2 Brookline, MA 02446	Reimbursement for MailChimp	62.69
03/01/2022	Carol Caro	1264 Beacon St #2 Brookline, MA 02446  Reimbursement for MailChimp		62.69
03/29/2022	Carol Caro	1264 Beacon St #2 Brookline, MA 02446		62.69
03/21/2022	Connolly Printing	178 Gill St Woburn, MA 01801	Mailing	684.54
04/08/2022	Connolly Printing	178 Gill St Woburn, MA 01801	Yard Signs	419.69
02/14/2022	Garnet Solutions	16 Crowninshield Rd Brookline, MA 02446	Website	1,553.98
Various	Stripe	354 Oyster Point Blvd South San Francisco, CA 94080	Credit card processing fees	106.84
		Line 12: Total Expenditures o	ver \$50 (or listed above)	2,953.12
		Line 13: Total Expenditures \$5	50 and under* (not listed above)	0
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	2,953.12

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

# Form CPF M 102-S: Brookline Supplemental Campaign Finance Report

Sec. 4.9 of the Town By-Laws

TOWN CLERK'S OFFICE APR 19 '22 PM3:28

Fill in dates:

Reporting period beginning

# Please print or type all information except signatures

Year

and ending

Month Day 4/17/2022

Day

Year

Month
1/1/2072

Day

Report period:	15th day	before election
		Brookline by Design
Full n	ame of candidate	Brookline by Design Committee name Heil Wish MSM
0	ffice sought	Name of committee treasurer St Brookline ha
Resi	dential address	Committee mailing address  O2445
	Tel. No. (optional)	Tel. No. (optional)
	SUMMARY BA	LANCE INFORMATION
Line 2: Line 3: Line 4: Line 5: Line 6: Line 7:	Ending balance from previor Total receipts this period (from Subtotal (line 1 plus line 2) Total expenditures this period Ending balance (line 3 minus left) Total in-kind contributions this Total of all outstanding liability Name of bank used	\$\frac{2}{634.92}\$\$ \$\frac{92}{523\295\37}\$\$ \$\frac{1}{3}\frac{1}{
campaign finance activity, i	ed this report, including attached schedules, and including all contributions, loans, receipts, explain finance activity of all persons acting under to By-Laws, sec. 4.9.  Signed under the second second second second sec	d it is, to the best of my knowledge and belief, a true and complete statement of all enditures, disbursements, in-kind contributions and liabilities for this reporting period he authority or on behalf of this committee in accordance with the requirements of the penalties of perjury:
Treasurer 5 sign		NGS ONLY: (Candidate must sign below)
I certify that I have examine campaign finance activity, of Brookline By-Law 3.1.7. I Candidate without of I certify that I have examine campaign finance activity.	c (check one box only)  amittee and no activity independent of ed this report, including attached schedules, a of all persons acting under the authority, or or have not received any contributions, incurred committee OR candidate with independent this report, including attached schedules, a including all contributions, loans, receipts, ex in finance activity of all persons acting under the By-Laws, sec. 4.9.	the committee  Indicate the desired of the desired

### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need itemize only those over \$50 In addition, the occupation and employer must be reported for all persons who contribute\$200 or more in a calendar year. Receipts of \$50 or less may be added together, from committee records, and reported on line 10 rather than line 9.

This page may be copied if additional pages are required to report all receipts. If you do so, include your committee name and a

Date eceived	Name and residential address (alphabetical listing required)	Amount	Occupation and employer (for contributions over \$50)
	(alphabetical listing required)  See ATMACHED		<del></del>
	Se primitares		W-14-10-10-10-10-10-10-10-10-10-10-10-10-10-
			1144
	al receipts of more than \$50 (or listed above)		
	otal receipts of \$50 or less (not listed above)*		
Lii	ne 11: Total receipts this period (Enter here and on page 1, line 2)		

<sup>\*</sup>Receipts of \$50 or less may be itemized above. If you do so, include them in Line 9 rather than Line 10. Line 10 must include only receipts not itemized above.

	- <u>Last</u>	<u>Profession</u>	<u>Employer</u>	<u>Street</u>	Town	<u>Zip</u>	Amoun
27/2022 Ana	Albuquerque	Professor	Boston University	24 Euston St Apt 2	Brookline	02446	\$25
12/2022 Richard	Benka	Not Employed		26 Circuit Rd	Brookline	02467	\$25
23/2022 Petra	Bignami	Not Employed		146 Tappan St	Brookline	02445	\$10
11/2022 Dianne	Blau			87 Crowninshelld Rd	Brookline	02446	\$10
Sarah	Blood	Not Employed		69 Cleveland Rd	Chestnut Hill	02467	\$10
24/2022	Biood	Hot Employed	£	os ojevelana na			, , , ,
- in the continue of the contract of		B 15.1		04 10-1, 61	Brookline	02445	\$50
28/2022 Ronald	Brown	Real Estate	R Brown Partners	84 High St		02445	
13/2022 Rebecca	Bueno	Surgeon	Brigham and womens	39 Adams St	Brookline	02446	\$50
13/2022 Raphael	Bueno	Not Employed	1	39 Adams St	Brookline	02446	\$50
/3/2022 Susan	DeLong	Not Employed	Not Employed	3 Worthington Road	BROOKLINE	02446	\$20
24/2022 John	Doggett	Not Employed		8 Penniman Rd	Brookline	02445	\$50
24/2022 cynthia	Drake	Not Employed		32 Milton Rd	Brookline	02445	\$10
10/2022 Jacqueline	Dupre	Not Employed	Not Employed	52 Verndale St	Brookline	02446	\$7
indigent and the contract of t	and a final fire and the fire of the contractions.	Not Employed	Not Cimployed	79 Carlton St	Brookline	dan beraran and a second	\$50
24/2022 Staffan	Ericsson			Santa and a santa	\$	02446	
24/2022 Amy	Evenson	Surgeon	Brigham and womens	71 Carlton St	Brookline	02446	\$50
24/2022 Rick	Fredkin	Executive	Eduporium	166 Hyslop Rd	Brookline	02445	\$10
/3/2022 Marion	Freedman-Gurspan	retired	none	11 Wellman St #3	Brookline	02446-2806	\$10
23/2022 Paula	Friedman	Not Employed	and the first state of the control o	170 Hyslop Rd	Brookline	02445	\$10
/7/2022 Edward N.	Gadsby Jr	Not Employed		60 Glen Rd Apt 204	Brookline	02445	\$20
and the contract of the contra		and the second of the second o	Se.us	Marketine and the second of th	Service and the service		
1/2022 Ellen	Golde	Arts and Education	Self	7 Chatham St	Brookline	02446	\$50
4/2022 Rachel	Goldman			87 Colchester St	Brookline	02446	\$5
4/2022 Glen	Goldman		1	87 Colchester St	Brookline	02446	\$5
4/2022 Amanda	Gordon		The second secon	39 Worthington Rd	Brookline	02446	\$5
4/2022 Paula	Gordon			39 Worthington Rd	Brookline	02446	\$1
7/2022 Bernard	Greene	Select Board Member	Town of Brookline MA	77 Pond Ave	Brookline	02445	\$2
and the second second second second second second					dente de la colonia de la c		hara di n
27/2022 Benedicte	Hallowell	Art Historian	BR	96 Sears Rd	Brookline	9/10/1906	\$2
21/2022 Casey	Hatchett	Police officer	Brookline PD	84 University Rd	Brookline	02445	\$2
24/2022 Thomas	Higgins			90 Carlton St	Brookline	02446	\$5
Gil	Hoy	Attorney	Self	295 Reservoir Rd	Chestnut Hill	02467	\$2
24/2022	,	·					1
	Uave	Realtor	Coldwell Banker	295 Reservoir Rd	Chestnut Hill	02467	\$2
Francis	Hoy	Realtoi	Coldwell ballkel	233 Reservoir Ru	Chestriatini	02407	, ,,,
24/2022				<u> </u>	ļ		
Amy	Hummel	Lecturer	Framingham State University	226 Clark Rd	Brookline	02445	\$10
26/2022							
24/2022 Jennifer	Jardus			1111 Beacon St Ph 4	Brookline	02446	\$5
24/2022 William Michael	Jardus			237 St Paul St	Brookline	02446	\$5
and the state of t	Jozwicki	Soulator	self	183 Winchester Street	Brookline	02446	\$1
/3/2022 Barr		Sculptor	(2e)		attacher and the second		Sec. 2
24/2022 Constance	Kane			90 Carlton St	Brookline	02446	\$5
24/2022 Steven	Kanes	Not Employed	N-APPENDE	89 cARLTON sT	Brookline	02446	\$4
24/2022 Frederick	Lebow	Engineer	FSL Associates	71 Colchester St	Brookline	02446	\$5
24/2022 Kathryn	Lee Kaplan		8	71 Colchester St	Brookline	02446	\$5
28/2022 Joanne	Liautaud	Not Employed	Not Employed	160 Sewall Ave	Brookline	02446	\$2
	Lodish	entender en traditionistate entende, en	Titot Employeu	120 Seaver St	Brookline	02445	\$5
10/2022 Pamela	the property of the contract o	Not Employed		As an excession regression is received the arrange	a arran emineral con		
29/2022 Sean	Lynn-Jones	Not Employed	Not Employed	53 Monmouth Street	Brookline	02446	\$1
24/2022 Richard	Mazandi-Iseke		elostics.	82 Carlton St	Brookline	02446	\$5
24/2022 Max	Metral	1		42 Beech Rd	Brookline	02446	\$5
Richard	Nangle		1	854 Hammond St	Chestnut Hill	02467	\$5
31/2022	range			oo ( nammona ot		1-1-1	1
		0.15		05.6	Ch - sts 11111	00467	
John	Paria	Self employed	AAMCO	95 Grove Street	Chestnut Hill	02467	\$5
27/2022				<u> </u>		. [	Ĺ
26/2022 Linda	Pehike	Not Employed		48 Browne St #2	Brookline	9/11/1906	\$1
24/2022 Margaret	Pothier			82 Carlton St	Brookline	02446	\$5
20/2022 Susan	Roberts	attorney	self	69 Green St	Brookline	02446	\$1
the state of the first of the second second second	mana and an extension of a contract contract and			Anna and a second and a second as the second as	a Samuel Color Color Color		\$1
/4/2022 Pamela	Roberts	Not Employed	Not Employed	47 Crowninshield Road	Brookline	02446	
24/2022 Lynda	Roseman	Not Employed		49 Ackers Ave	Brookline	02445	\$1
/7/2022 Stuart	Rubinow	not employed	none	19 Thatcher Street	Brookline	02446	\$1
24/2022 Ann B	Schemmer			32 Euston St	Brookline	02446	\$4
28/2022 John	Schemmer		enteren gan a semata anaman a consente se a consente s E	32 Euston St	Brookline	02446	\$4
/24/2022 Cathleen	Schoen			10 Beech Rd	Brookline	02446	\$5
and the National Control of the Cont						a ja a saa a	1
24/2022 Robert	Schoen			10 Beech Rd	Brookline	02446	\$5
Lee	Selwyn	Economist	Economics and Technology Inc	285 Reservior Rd	Chestnut Hill	02467	\$5
28/2022			1		1	.4	L
Judith	Selwyn			285 Reservior Rd	Chestnut Hill	02467	\$5
28/2022							1
20/2022 John	Shreffler	Not Employed		60 Browne St Apt 6	Brookline	02446	\$1
and a contract of the Company of the contract		ivor cilibioyed	<u>-</u>				dimension in the s
24/2022 Sarah	Shuster Ericsson	and a part of the same of		79 Carlton St	Brookline	02446	\$5
27/2022 Katharine	Silbaugh	Professor	Boston University	68 Amory St	Brookline	02446	\$2
25/2022 Stephen	Stickells	Not Employed		67 Carlton St Appt 3	Brookline	02446	\$2
18/2022 Jean	Tempel			95 Carlton St	Brookline	02446	\$5
1/7/2022 Elaine		Not Employed	Not Employed	1140 BEACON ST APT 202	Brookline	02446	\$1
7 // LULL CIGITIE	Ullian	Not Employed	Not Employed				
/40 /0000 =	Wilson		\$	95 Carlton St	Brookline	02446	\$5
18/2022 Peter	egerega 📒 i ki ji kiri i kiri i kara sama kasari i i i i		Approximate the second of the				
/18/2022 Peter				Total Itemized Receipts:		1	\$20,5
18/2022 Peter				Total Itemized Receipts:	1		\$20,5

M.G.L. c. 55 requires committees to list, **in alphabetical order**, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need itemize only those over \$50. Expenditures of \$50 or less may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. If you do so, include your committee name

and a page number on each additional page.

Date paid	To whom paid (listed alphabetically)	Address	Purpose of expenditure	Amoun
	(listed alphabetically)  See A7	tached		
		reneal		
***				
<u> </u>				
Line 12. T	otal expenditures of more than \$50	) (or listed above)		
	Total expenditures of \$50 or less (			
	ne 14: Total expenditures the (Enter here and on page 1, lin	nis period		

<sup>\*</sup>Receipts of \$50 or less may be itemized above. If you do so, include them in line 12 rather than line 13. Line 13 must include only receipts not itemized above.

# Brookline by Design Expenses 1/1/2022-4/17/2022

Date	Paid To	Address	Purpose	Amount
4/6/2022	East Coast Printing	2 Keith Way Unit 5 Hingham, MA 02043	Printing Services	\$ 2,656.25
4/7/2022	East Coast Printing	2 Keith Way Unit 5 Hingham, MA 02043	Printing Services	\$ 999.88
4/7/2022	East Coast Printing	2 Keith Way Unit 5 Hingham, MA 02043	Printing Services	\$ 638.56
4/11/2022	East Coast Printing	2 Keith Way Unit 5 Hingham, MA 02043	Printing Services	\$ 8,013.94
4/7/2022	Connelly Printing	178 Gill St Woburn, Ma 010801	Printing Services	\$ 601.13
4/11/2022	East Coast Printing	2 Keith Way Unit 5 Hingham, MA 02043	Printing Services	\$ 1,009.38
4/11/2022	East Coast Printing	2 Keith Way Unit 5 Hingham, MA 02043	Printing Services	\$ 559.06
4/15/2022	East Coast Printing	2 Keith Way Unit 5 Hingham, MA 02043	Printing Services	\$ 1,352.72
	East Coast Printing	2 Keith Way Unit 5 Hingham, MA 02043	Refund Overpayment	\$ (638.56)
	ActBlue Technical	The second secon	Contribution Processing	
Various	Services,	P.O. Box 441146, Somerville, MA 02144		\$ 371.17
Various	Brookline Bank	PO Box 470469 Brooline, Ma 02447	Service Fees	\$ 22.50
			Total Expenses	\$ 15,586.03

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions of \$50 or less may be itemized and included in line 15, or added together from the committee's records and included in line 16.

Date received	From whom received*	Residential address	Description of contribution	Value
	X	ne		
Line	e 15: In-kind over \$50 (or lis	ted above)		
	e 16: In-kind \$50 or less (no			
I	ine 17: Total in-kind conti	ributions		
	(Enter here and on page 1, 1)	ine 6)		

<sup>\*</sup>If an in-kind contribution is received from a person (including candidate) who contributes more than \$50 in a calendar year, you must report the name and address, occupation and employer of the contributor.

#### **SCHEDULE D: LIABILITIES**

 $M.G.L.\ c.\ 55$  requires committees to report ALL outstanding liabilities, including those which have been reported previously as well as those incurred during this reporting period.

Date incurred	To whom due	Address	Purpose	Amount
	У	Hone,		
	1			
Line 18	: Total outstanding liabilitinter here and on page 1, line 7)	ies		

This page may be copied if additional pages are required to report all activity, Include committee name and a page number on each additional page.

Page 4

# Form CPF M 102-S: Brookline Supplemental Campaign Finance Report Sec. 4.9 of the Town By-Laws

TOWN CLERK'S OFFICE APR 19 '22 pm2:58

# Please print or type all information except signatures

Fill in dates: Reporting period beginning	Month Day	Year 2014 and ending	Month JY	Day Year
Report period:	<b>□</b> 15 <sup>th</sup> d	ay before election		
Full name of candidate  Sund Coin  Office sought  Coin  Residential address  Brusselim  And Coin	45 224 24 MA 02445 Tel. No. (optional)	SALANCE INFORMATIO	gaddress M	Ac A 12445 Tel. No. (optional)
Line 5: Ending bal	ots this period ( ne 1 plus line 2) nditures this per nance (line 3 minus d contributions to butstanding liabi	from page 2, line 11)  riod (from page 3, line 14) s line 4) his period (from page 4)	\$	7.85
Affidavit of Committee Treasurer: I certify that I have examined this report, inclu campaign finance activity, including all contril and represents the campaign finance activity of M.G.L. c. 55 and Brookline By-Laws, sec. 4.9	outions, loans, receipts, of all persons acting unde	expenditures, disbursements, in-kind	contributions and	liabilities for this reporting period
Treasurer's signature (in ink)			Date	
Affidavit of Candidate: (check one bo Candidate with committee and no a I certify that I have examined this report, inclu campaign finance activity, of all persons acting Brookline By-Law 3.1.7. I have not received a	x only) ctivity independent of ding attached schedules, gunder the authority, or	, and it is, to the best of my knowled on behalf of this committee, in acco	ge and belief, a tru	quirements of M.G.L. c. 55 and
Candidate without committee OR c I certify that I have examined this report, inclu campaign finance activity, including all contril and represents the campaign finance activity o M.G.L. c. 55 and Brookline By-Laws, sec. 4.9	andidate with indepeding attached schedules outions, loans, receipts, of all persons acting under	endent activity filing separate, and it is, to the best of my knowled expenditures, disbursements, in-kind	report ge and belief, a tru- l contributions and	e and complete statement of all liabilities for this reporting period lance with the requirements of
Candidate's signature (in ink)			4 19 Date	12022



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Of Wassachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jan 1	, 2022 Ending Date: Apr 16, 2022
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution
Michael A. Burstein	Burstein for Brookline
Candidate Full Name (if applicable) Library Trustee, Townwide	Committee Name Nomi S. Burstein
Office Sought and District	Name of Committee Treasurer
50 Garrison Rd. #1, Brookline, MA 02445	PO Box 1713, Brookline, MA 02446
Residential Address	Committee Mailing Address
E-mail: TMMBurstein@mabfan.com	E-mail: chair@bursteinforbrookline.com
Phone # (optional):	Phone # (optional):
SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	130.26
Line 2: Total receipts this period (page 2, line 11)	50
Line 3: Subtotal (line 1 plus line 2)	180.26
Line 4: Total expenditures this period (page 3, lin	e 14) 50
Line 5: Ending Balance (line 3 minus line 4)	130.26
Line 6: Total in-kind contributions this period (pa	nge <b>(f</b> )
Line 7: Total (all) outstanding liabilities (page 5)	960
Line 8: Name of bank(s) used: Brookline Bank	
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the compaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	v orbi)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this	best of my knowledge and belief, a true and complete statement of all campaign in-kind contributions and liabilities for this reporting period and represents the s candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of perjury:	(Candidate's signature) Date: Apr 16, 2022

### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		·	
Line 9: Total Recei	pts over \$50 (or listed above)		
Line 10: Total Rece	pipts \$50 and under* (not listed above)	50	
Line 11: TOTAL I	RECEIPTS IN THE PERIOD	50	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	·			
***************************************		and the second s		
1				
			To the second se	
			de la constant de la	
aumater The state of the state				
1				
				L
deformation of the state of the				
Towns of the Control	•			
				L
		Line 12. Teach P	050 ( 1144 1 1	
		Line 12: Total Expenditures of	ver \$50 (or listed above)	
		Line 12, The 15 and 15 and	70 - 4 - 4 - 4 - 4 - 4 - 4 - 1 - 1 - 1 - 1	
		Line 13: 1 otal Expenditures \$5	60 and under* (not listed above)	
	<b>.</b>	The 14 month of the second	MIDNO IN DITH SESTON	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	1

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Line 15: In-Kind Contributions over \$50 (or listed above)			
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

Bursten for Brownline

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

## **SCHEDULE D: LIABILITIES**

 $M.G.L.\ c.\ 55\ requires\ committees\ to\ report\ ALL\ liabilities\ which\ have\ been\ reported\ previously\ and\ are\ still\ outstanding,\ as\ well$ as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
April 1, 2012	Michael A. Burstein	50 Garrison Rd. #1 Brookline, MA 02445	Personal loan from candidate	680
April 1, 2017	Michael A. Burstein	50 Garrison Rd. #1 Brookline, MA 02445	Personal loan from candidate	220
April 1, 2018	Michael A. Burstein	50 Garrison Rd. #1 Brookline, MA 02445	Personal loan from candidate	10
April 1, 2022	Michael A. Burstein	50 Garrison Rd. #1 Brookline, MA 02445	Personal loan from candidate	50
,	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL) 960			

Burstein ter Brookling



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Fill in Reporting Period dates: Beginning Date:	Jan 1, 2022 Ending Date: Apr 25, 2022
Type of Report: (Check one)	
8th day preceding preliminary 8th day preceding election	on 30 day after election year-end report dissolution
	Residents For Brookline Political Action Committee
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Paul J. Warren  Name of Committee Treasurer
	71 Carlton St. Brookline, MA 02446
Residential Address	Committee Mailing Address
E-mail:	E-mail: paulwarren65@gmail.com
Phone # (optional):	Phone # (optional):
SUMMARY BAL	ANCE INFORMATION:
Line 1: Ending Balance from previous repor	t 433.79
Line 2: Total receipts this period (page 3, lin	ne 11)
Line 3: Subtotal (line 1 plus line 2)	433.79
Line 4: Total expenditures this period (page	5, line 14)
Line 5: Ending Balance (line 3 minus line 4)	433.79
Line 6: Total in-kind contributions this period	od (page 6)
Line 7: Total (all) outstanding liabilities (page	ge 7)
Line 8: Name of bank(s) used: Century Bank	
activity, including all contributions, loans, receipts, expenditures, disbursements, in finance activity of all persons acting under the authority or on behalf of this comm Signed under the penalties of perjury:	(Treasurer's signature) Date: 4/25/2022
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (che	ck 1 box only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is activity, of all persons acting under the authority or on behalf of this committed incurred any liabilities nor made any expenditures on my behalf during this results.	s, to the best of my knowledge and belief, a true and complete statement of all campaign finance ee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, eporting period that are not otherwise disclosed in this report.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is finance activity, including contributions, loans, receipts, expenditures, disburs campaign finance activity of all persons acting under the authority or on beha	s, to the best of my knowledge and belief, a true and complete statement of all campaign sements, in-kind contributions and liabilities for this reporting period and represents the alf of this candidate in accordance with the requirements of M.G.L. c. 55.
Signed under the penalties of periury:	(Candidate's signature)  Date:



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Jan 1,	, 2022 Ending Date: Apr 24, 2022
Type of Report: (Check one)  ☐ 8th day preceding preliminary  ☐ 8th day preceding election	30 day after election year-end report dissolution
Not Applicable	Brookline for Everyone Political Action Committee
Candidate Full Name (if applicable)	Committee Name
Office Sought and District	Name of Committee Treasurer 411 Washington Street #6, Brookline, MA 02446
Residential Address  E-mail:	Committee Mailing Address  E-mail: B4E.PAC@gmail.com
Phone # (optional):	Phone # (optional): 404-217-0144
N CLERK S DEFICE SUMMARY BALANC	CE INFORMATION:
Line 1: Ending Balance from previous report	1,802.55
Line 2: Total receipts this period (page 3, line 11)	) 2,173
Line 3: Subtotal (line 1 plus line 2)	3,975.55
Line 4: Total expenditures this period (page 5, lin	ne 14) 968.5
Line 5: Ending Balance (line 3 minus line 4)	3,007.05
Line 6: Total in-kind contributions this period (pa	
Line 7: Total (all) outstanding liabilities (page 7)	2,116.33
Line 8: Name of bank(s) used: Brookline Bank	
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind finance activity of all persons acting under the authority or on behalf of this committee in Signed under the penalties of perjury:	d contributions and liabilities for this reporting period and represents the campaign
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 b	box only)
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in a incurred any liabilities nor made any expenditures on my behalf during this reporting	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ng period that are not otherwise disclosed in this report.
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the contributions.	nts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury:	(Candidate's signature)

# **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)	
Apr 9, 2022	Robert Lepson 36 Thorndike Street, Brookline, MA 02446	50		
Apr 10, 2022	Yukiko Egozy 34 Manchester Rd, Brookline, MA 02446	100		
Apr 11, 2022	Barbara Gutman 160 Boylston St, Apt 1302, Newton, MA 02467	150		
Apr 18, 2022	Geoffrey Green 111 Simerville Rd Chapel Hill, NC 27517	50		
Apr 22, 2022	Jonathan Golden 1450 Beacon St - #301 Brookline, MA 02446	100		
Apr 25, 2022	Bitsy Perlman 40 White PI #3 Brookline, MA 02445	50		
·				
Line 9: Total Rec	ceipts over \$50 (or listed above)	1,950		
Line 10: Total Re	ceipts \$50 and under* (not listed above)	3		
Line 11: TOTAL RECEIPTS IN THE PERIOD  2,173  Enter on page 1, line 2  * If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized about the statement of the				

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

eport all expenditures. Please include your committee name and a page number on each page.)				
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
VARIOUS	ActBlue Technical Services	366 Summer Street Somerville, MA 02144	Service Fees	83.95
Apr 21, 2022	Potter's Printing Inc.	207 Pocasset Street Fall River, MA 02721	Postcard printing	526.12
Apr 22, 2022	US Postal Service	207 Washington Street Brookline, MA 02445	Stamps	80
Apr 23, 2022	US Postal Service	207 Washington Street Brookline, MA 02445	Stamps	240
		Line 12: Total Expenditures	over \$50 (or listed above)	930.07
Line 13: Total Expenditures \$50 and under* (not listed above)			38.43	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				968.5

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

# **SCHEDULE B: EXPENDITURES (continued)**

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
	1				
	Line 12: Expenditures over \$50 (or listed above)				
	Line 13: Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD				

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

# SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Line 15: In-Kind Contributions over \$50 (or listed above)				
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

# **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
April 2021	Amanda Zimmerman	411 Washington Street, #6 Brookline, MA 02446	Payment to Potter's Printing for campaign mailing/fliers	2,116.33
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	2,116.33



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission		
Fill in Reporting Period dates: Beginning Date: 04/19	0/2022 Ending Date: 04/25/2022		
Type of Report: (Cheek one)			
8th day preceding preliminary 8th day preceding election	30 day after election year-end report dissolution		
Michael Sandman	Committee to Elect Mike Sandman		
Candidate Full Name (if applicable)	Committee Name		
Select Board - Brookline	Eleanor Boynton		
Office Sought and District	Name of Committee Treasurer		
115 Sewall Ave #4, Brookline, MA 02446  Residential Address	16 Crowninshield Rd, Brookline, MA 02446  Committee Mailing Address		
E-mail: msandman1943@gmail.com	E-mail: ellie@garnet-solutions.com		
Phone # (optional):	Phone # (optional):		
	, none (topulari).		
SUMMARY BALANC	E INFORMATION:		
Line 1: Ending Balance from previous report	2533.88		
	75.00		
Line 2: Total receipts this period (page 3, line 11)	25.00		
Line 3: Subtotal (line 1 plus line 2)	2558.88		
Line 4: Total expenditures this period (page 5, line	e 14) 0		
Line 5: Ending Balance (line 3 minus line 4)	2558.88		
Line 6: Total in-kind contributions this period (page 6)			
Line 7: Total (all) outstanding liabilities (page 7)			
Line 8: Name of bank(s) used: Eastern Bank			
Affidavit of Committee Treasurer:  I certify that I have examined this report including attached schedules and it is, to the best activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind of finance activity of all persons acting under the authority or on behalf of this committee in a Signed under the penalties of perjury:	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.		
	( i custres signiture)		
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 bo	only)		
Candidate with Committee  I certify that I have examined this report including attached schedules and it is, to the activity, of all persons acting under the authority or on behalf of this committee in accineurred any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period that are not otherwise disclosed in this report.		
Candidate without Committee  I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursements, eampaign finance activity of all persons acting under the authority or on behalf of this	s, in-kind contributions and liabilities for this reporting period and represents the		
Signed under the penalties of perjury:	(Candidate's signature) Date: 04/25/2022		

### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
j			
·			
		,	
Line 9: Total Rece	ipts over \$50 (or listed above)	0	
Line 10: Total Reco	eipts \$50 and under* (not listed above)	25	
Line 11, TOTAL	RECEIPTS IN THE PERIOD	25	Zana Pintana and Alica 2
ame it: (UtAL)	RECEIT IS IN THE FERIOD		← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.



# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date:	2L Ending Date: 4/25/22
Type of Report: (Check one)	
8th day preceding preliminary 28th day preceding election	30 day after election year-end report dissolution
Candidate Full Name (if applicable)  Committee  Office Sought and District  Englewww Are Bodding ma  Residential Address  E-mail: Val a Valfags Com  Phone # (optional):	Valerie Frés for School Comm.  Committee Name  Laura M. Cracker  Name of Committee Treasurer  20 Engleward Ave. 3 (vol.) mA  Committee Mailing Address  E-mail: Val 2 val Frés, com  Phone # (optional):
WN CLERK'S OFFICE SUMMARY BALANC	E INFORMATION:
Line 1: Ending Balance from previous report  Line 2: Total receipts this period (page 3, line 11)  Line 3: Subtotal (line 1 plus line 2)  Line 4: Total expenditures this period (page 5, line  Line 5: Ending Balance (line 3 minus line 4)  Line 6: Total in-kind contributions this period (page 7)  Line 7: Total (all) outstanding liabilities (page 7)  Line 8: Name of bank(s) used:	7.85 7.85 e 14) — — — — — — — — — — — — — — — — — — —
	(Treasurer's signature)  Date: 4/2/22  (Treasurer's signature)  Date: 4/2/22  (Treasurer's signature)  Date: 4/2/22  Date: 4/2/22  Date: 55.  Date: 4/2/22  Date: 55.  Date: 4/2/22  Date: 55.  Date: 56.  Date: 57.  Date:
Signed under the penalties of perjury:	(Candidate's signature)

### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

	Name and Residential Address		Occupation & Employer
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)
		N I	
		Value	
ine 9: Total Rece	ipts over \$50 (or listed above)		
Line 10: Total Rece	eipts \$50 and under* (not listed above)		
ane 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

Line 12: Total Expenditures over \$50 (or listed above)  Line 13: Total Expenditures \$50 and under* (not listed above)	Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
	Date Falu	(aiphabetical fisting)	Audress	Turpose of Expenditure	
			$\mathbb{N} \setminus \mathbb{N}$		
		P			
			V		
		_			
			Line 12: Total Expenditures	over \$50 (or listed above)	
Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD					

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	<b>Description of Contribution</b>	Value
		·		
	$ \gamma $			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•			
			050 ( 1 1 1 )	
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

	\ \\		
	\ \ \		
:			
	Enter on page 1, line 7 →	Enter on page 1, line 7 → Line 18: TOTAL OUTSTA	Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)



## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Type of Report: (Check one)	
8th day preceding preliminary Sth day preceding elec	tion 30 day after election year-end report dissolution
Steven Ehrenberg	Steven Ehrenberg for School Committee
Candidate Full Name (if applicable)	Committee Name
Brookline School Committee  Office Sought and District	Beth Gilligan  Name of Committee Treasurer
25 Stearns Rd. #1, Brookline, MA 02446	52 Kilsyth Rd #2, Brookline, MA 02445
Residential Address	Committee Mailing Address
E-mail: steven.ehrenberg@gmail.co	E-mail: beth.k.gilligan@gmail.com
Phone # (optional):	Phone # (optional):
CIIMMADV DAT	LANCE INFORMATION:
CLERK'S OFFICE SUMMARY BAI 25'22 AVII: 95	LANCE INFORMATION:
Line 1: Ending Balance from previous repo	ort \$487
Line 2: Total receipts this period (page 3, 1	ine 11) 0
Line 3: Subtotal (line 1 plus line 2)	\$487
Line 4: Total expenditures this period (pag	e 5, line 14) \$0
Line 5: Ending Balance (line 3 minus line	4) \$487
Line 6: Total in-kind contributions this per	iod (page 6) \$0
Line 7: Total (all) outstanding liabilities (p	age 7) \$0
Line 8: Name of bank(s) used: Rockland Tru	Ist
activity, including all contributions, loans, receipts, expenditures, disbursements finance activity of all persons acting under the authority or on behalf of this com Signed under the penalties of perjury:  FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (cl. Candidate with Committee I certify that I have examined this report including attached schedules and it	(Treasurer's signature)  Date: 4/74/  heck 1 box only)  it is, to the best of my knowledge and belief, a true and complete statement of all campaign fittee in accordance with the requirements of M.G.L. c. 55. 1 have not received any contribut
	it is, to the best of my knowledge and belief, a true and complete statement of all campaign ursements, in-kind contributions and liabilities for this reporting period and represents the

### **SCHEDULE A: RECEIPTS**

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		1	
ine 9: Total Rece	eipts over \$50 (or listed above)		
ine 10: Total Rec	eipts \$50 and under* (not listed above)		
1 44 50514	DECEMBER IN THE PERIOR		ī
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### **SCHEDULE A: RECEIPTS (continued)**

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
		***************************************	
		1	
Control of the second of the s			
		A CANADA	The state of the s
		4	
Line 9: Total Rece	ipts over \$50 (or listed above)		
	eipts \$50 and under* (not listed above)		
	RECEIPTS IN THE PERIOD		☐ ← Enter on page 1, line 2
		a O Line 10 show	ald include only those receipts not itemized above.

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Data Data	To Whom Paid	A ddwogo	Durnoso of Evnanditura	Amount
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
The state of the s				
			Inches and the second s	
		T. T		
1			The state of the s	
			Fig. 1. Annual Control of the Contro	
			also de la constanta de la con	
	a lineage and a management of the control of the co			
			The state of the s	
			E CALLES AND	
		Line 12: Total Expenditures ov	/er \$50 (or listed above)	
		Line 13: Total Evnenditures \$5	0 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

### **SCHEDULE B: EXPENDITURES (continued)**

D ( D )	To Whom Paid		D CE 124	
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
1				
	Parameter and the second secon			
				Particular and American Americ
				THE RESERVE THE PROPERTY OF TH
				W. Allendaria
				1
			The state of the s	
			III III III III III III III III III II	
		Line 12: Expenditures over \$5	0 (or listed above)	
		Line 13: Expenditures \$50 and		
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				The second secon
[				
				and the second s
		Line 15: In-Kind Contribution	s over \$50 (or listed above)	
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line $6 \rightarrow$	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Page 6

### **SCHEDULE D: LIABILITIES**

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		,		
	c'			
	,			
WADSHINGTON (1995)				
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	



## Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

rue with:	File	with:
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C	City or Town Clerk or Election Commission Please print or type all informa	tion, except signatures.		
	Fill in dates:  Reporting Period Beginning Opy// / Date Yes	Ending Alond	Date — 71	Yess
	Type of report: (Check one)  ☐ 8th day preceding preliminary ☐ 8th day preceding election	□30 day after election	∵ □year-end report	dissolution
	Full Name of Candidate (if applicable)  Full Name of Candidate (if applicable)  Office Sought and District  Office Sought and District	Name of Comm	ce Name ittee Treasurer	
OWN CLES OPPOPE	Residential Address  Tel. No. (optional)	Committee Ma	opeleg autorigische (1990 in 1980 in 1	(optional)
	Line 1: Ending balance from previous Line 2: Total receipts this period (page Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 4) Line 6: Total in-kind contributions this period Line 7: Total (all) outstanding liabilities Line 8: Name of bank(s) used  Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the b finance activity, including all contributions, loans, receipts, expenditures, disbursements campaign finance activity of all persons acting under the authority or on behalf of this constituence.  Signed under the penalities of	s report  2, line 11)  (page 3, line 14)  (page 4)	f, a true and complete sta	eriod and represents the
	Treasurer's signature (in ink)		Date	
	FOR CANDIDATE FILINGS ONL	Y: (Candidate must s	SIGN BELOW)	
	Affidavit of Candidate: (check 1 box only)  Candidate with Committee and no activity independent of the committee I certify that I have examined this report including attached schedules and it is, to the b finance activity, of all persons acting under the authority or on behalf of this committee contributions, incurred any liabilities nor made any expenditures on my behalf during the Candidate without Committee OR Candidate with Independent activity filing a licertify that I have examined this report including attached schedules and it is, to the b finance activity, including contributions, loans, receiped, expenditures, disbursements, campaign finance activity of all persons acting under the authority or on behalf of this comparison finance activity of all persons acting under the under the penalties of persons acting under the penalties of penalties of penalties.	a in accordance with the requir us reporting period. separate report sest of my knowledge and belie in-kind contributions and liabil committee in accordance with the	ements of M.G.L. c. 55.  f, a true and complete stalities for this reporting pe	tement of all campaign riod and represents the . c. 55.
	Condition from the Co. in the		Date	

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only lumize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential A (alphabetical listing req		Am	ount	Occupation & Employer (for contributions of \$200 or more)
	NEW GONDON		50	96	
		•			
			·		
			•		
	chen / V				
	otal receipts in excess of \$50 (or list otal receipts \$50 and under* (not list				
	OTAL RECEIPTS IN THE PER		50 .	, ~7	Enter on page 1, line 2

<sup>•</sup> If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2



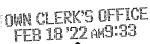
# Form CPF M101 PC: STATEMENT OF ORGANIZATION POLITICAL ACTION COMMITTEE MUNICIPAL FORM

### Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a political action committee as follows:

1. Name (See note 1): BAAAJBrook	\int_ia a
2. Committee Mailing Address: 653 Chestrug	
City/State/Zip: Brookline MA	11
E-mail Address:	MH 02445 Phone #:
The purpose of	this good is to increase awarenes to
Issues that impac	Trewish community such as anti-semitism.
3a. Specific issues and interests:	
4. OFFICERS (See note 3):	
Chairman: JESSE HEFTER	Treasurer*: 5 A 60 A 169 60 1
Residential Address: 653 CHESTNUT HILL AVE	Residential Address: 270 TAPPAN ST
City/State/Zip: BROOKLINE MA 0244	15 City/State/Zip: BROOKLINE MA. 0244
Phone #: 781-771-2618	Phone #: 47-134-53 E-mail: 1086 2090 ) NUND 160
JESSE. HEFTER @ GMAIL.COM	* A public employee may not serve as treasurer of any political committee (see rever
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Phone #:	Phone #:
(Complete and attach a Form CDF M A 101 i	if necessary, with other officers and finance committee, if any.)
	with all provisions of M.G.L. c. 55, which specifies that each treasurer of a political
shall be made for, or on behalf of, a political committee without the autha political committee shall be kept separate from any personal funds of a	ipts for a period of six years from the date of the relevant election; no expenditures norization of the chairman or treasurer, or their designated agents; and, that all funds any officers, members or associates of such committee.  I am aware that a candidate or elected official may not serve as chairman of a politic
Olose	Hetter Date: 4/7/202
Chairman's sig	nature /
that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, and records of all campaign finance activity for a period of six years from	affirm that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understate including the timely filing of campaign finance reports and keeping detailed account me the date of the relevant election; 2) if after my acceptance of this office I become of my resignation; and 3) a candidate or elected official may not serve as treasurer of the contract of th
DERKS DELICE Treasurer's sig	who hade Date: 3/3//20
7 72 an 10:29	·············





## Form CPF M101: STATEMENT OF ORGANIZATION CANDIDATE'S COMMITTEE MUNICIPAL FORM

### Office of Campaign and Political Finance

File with: City / Town Clerk or Election Commission

NOTICE IS HEREBY GIVEN in accordance with the provisions of General Laws, Chapter 55, as amended, of the organization of a candidate's committee as follows:

CANDIDATE:	Full Name:	Sassan Zelkha			
	Residential Address:	1799 Beacon st, apt 1			
	City / State / Zip:	Brookline MA 02445			
	E-Mail Address: Sa	ssanBrookline@gmail.c	om	Phone	#: 617-903-7048
	Party Affiliation:	Independent			(If applicable)
OFFICE SOUGI	HT/PURPOSE:				
	Title:	Library trustee			
	District:				
COMMITTEE:	Name of Committee:	Committee To Elect	Sassan Zelkha		
		(The name of the	committee must include the	candidate's last name)	<u> </u>
	Committee Mailing Ad	dress: 1799 beacon st, apt	1		
	City / State / Zip:	brookline	ma 02	.445 Phone #	617-903-7048
OFFICERS:					
Chairman: Sa	assan Zelkha		Treasurer*:	David Pearlman	
Residential Address: 17	799 beacon st, apt 1		Residential Address	: 25 Goddard Circle	
City / State / Zip: Br	ookline	MA 02445	City / State / Zip:	Brookline	MA 02445
Phone #: 617-903-	7048		Phone #: 617-8	74 - 6873 Email: 200	whom 515 Egmil. com
Other Officer/Title:			*A public employee Other Officer/Title:	may not serve as treasurer of	any political committee (see reverse).
Residential Address:			Residential Address		
City / State / Zip:			City / State / Zip:		
Phone #:			Phone #:		
I none #.	(Complete an	d attach a Form CPF M A 101, i		rs and finance committee, if a	ny.)
behalf. I am aware the the relevant election.		ired to keep detailed account			ore than one committee on his/her seriod of six years from the date of  Date: 2/11/2022
that: 1) I am subject t and records of all can appointed public emp committee organized	o certain duties and lis npaign finance activity sloyee, I must resign th	abilities under M.G.L. c. 55, in for a period of six years from this position and notify OCPF DERJURY:	including the timely filing m the date of the relevant of my resignation; and 3)	of campaign finance report election; 2) if after my acc a candidate may not serve	M.G.L. c. 55, s. 13. I understand rts and keeping detailed accounts eptance of this office I become an as treasurer of the political  Date: 2/11/22
I hereby accept the of	ffice of Chairman of th	Treasurer's some above-named committee.	signature		
	HE PENALTIES OF F	ERJURY:			
		<u>Jaken</u> Chairman's	JUM J		Date: 2/11/2022

CPF ID #:



## The Commonwealth of Massachusetts

(For Office Use Only)

ELECTED CITY, WARD AND TOWN POLITICAL COMMITTEE REPORT

0 1/ 0	
NAME OF CITY/TOWN: BOOK/NE	WARD (if applicable):
PARTY: Democrat	DATE OF REPORT: $\frac{4/25/22}{}$
INDICATE THE PURPOSE OF THIS REPORT BY CHECKING THE APP STATEMENT OF ORGANIZATION CHANGE OF OFFICE	
Submit this report to the four offices listed below. File the original with the Offi other three offices listed.	ice of Campaign and Political Finance, and file copies of this report with the
<ol> <li>Office of Campaign and Political Finance         One Ashburton Place, Room 411         Boston, MA 02108         (617) 979-8300 / (800) 462-OCPF (toll free in MA)         ocpf@cpf.state.ma.us / http://www.mass.gov/ocpf</li> <li>State Party Committee Headquarters</li> </ol>	<ol> <li>Secretary of the Commonwealth, William Francis Galvin Elections Division         One Ashburton Place, Room 1705         Boston, MA 02108         (617) 727-2828 / (800) 462-VOTE (toll free in MA)         elections@sec.state.ma.us / http://www.sec.state.ma.us/ele/eleidx.htm</li> <li>City / Town Clerk or Election Commission</li> </ol>
City Ward Committee secretaries must also file a list of officers and members with the ch	airman of the city committee of the political party which it represents (Ch. 52, Sec. 5).
PLEASE LIST BELOW THE NAME, RESIDENTIAL ADDRESS A	
Chairperson: Lnd Rowe	Secretary: <u>La thene Anderson</u>
Residential Address: 16 Bowker Screet	Residential Address: 106 Davis Ave
City/State/Zip: Book/ue, MA 02993	City/State/Zip: Brok/11. MA 02445
Email: C/NY @ Rowe Rosource S. com Phone #: 67-279-6282	Email: Cander 3000 (100 a ol. com Phone #:617. 739-0
Treasurer*: Thomas Hallock	*A public employee may not serve as treasurer of any political committee.
Residential Address: 122 KWSh + Street  City / State / Zip: Brook/NP, MA 02445  Email: 100, hallock 2 (2 gnul/ (00) Phone #:	M.G.L. c. 55, s. 13 states that a person who is employed for compensation by the Commonwealth or any county, city or town (other than an elected official) may not directly or indirectly solicit or receive political contributions. Such persons may not serve as treasurers of any political committee. If you are unsure of your status, please contact OCPF for further guidance.
I hereby submit this list of officers and members (including associate members accordance with Ch. 52, Sec. 5 of the Massachusetts General Laws.	of the above-mentioned committee to the Secretary of the Commonwealth in
CLEMCS OFFICE R 25 122 and 1:27 Secretary's signal	hum Date: 4/19/22
that: 1) I am subject to certain duties and liabilities under M.G.L. c. 55, includ and records of all campaign finance activity for a period of six years from the obecome an appointed public employee, I must resign and notify OCPF of my resign and notify OCPF.	that I am not a public employee as defined by M.G.L. c. 55, s. 13. I understand ing the timely filing of campaign finance reports and keeping detailed accounts late of the relevant election; and 2) if after my acceptance of this office I esignation.
SIGNED UNDER THE PENALTIES OF PERJURY:  Treasurer's signature.	In Mallods Date: 4/19/22

NAME OF CITY / TOWN / WARD:	
LIST OTHER OFFICER'S NAMES, TITLES, RESIDENTIAL ADDRESS	SES AND ZIP CODES BELOW:
Other Officer/Title: James Franco, VILA CRESIDENT	Other Officer/Title: Robert Snovan Affront & Action
Residential Address: 126 Amory Eleet	Residential Address: 1731 Reu con St. #102
City/State/Zip: BrookIng. MA 02446	City/State/Zip: Brooking, MA 02445
Other Officer/Title:	Other Officer/Title:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
MEMBERS:	
Member: Attacked	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / Śtate / Zip:	City / State / Zip:
Member:	Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
ASSOCIATE MEMBERS:, , ]	
Associate Member: AffrMe C	Associate Member:
Residential Address:	Residential Address:
City / State / Zip:	City / State / Zip:
Associate Member:	Associate Member:
Residential Address:	Residential Address:

(Attach an additional page, if necessary, with other officers, members and associate members.)

City / State / Zip:

Associate Member:
Residential Address:

City / State / Zip:

City / State / Zip:

Associate Member:

Residential Address:

City / State / Zip:

/19/2022 12:44:55 AM	Elected Members			page 1 of 2		
Catherine	Anderson	106 Davis Avenue	02445	739-0250	06	
Sandra H.	Bakalar	35 Lapland Rd.	02467	566-9560	15	
John A.	Businger	33 St. Paul St.	02446	277-2550	07	
Cathleen	Cavell	27 Monmouth Court	02446	566-0647	01	
Chris	Chanyasulkit	16 Corey Road	02445	617-947-11	0	
Eleanor	Clarkson	1731 Beacon Street #604	02445	835-7114	80	
Nancy	Daly	161 Rawson Road	02445	232-0728	12	
Andrew	Fischer	21 Bartlett Crescent	02446	738-8370	11	
Daniel	Fishman	11 Hurd Rd #1	02445	3107402687	' 0	
James	Franco	126 Amory St.	02446	734-3022	01	
Ben	Franco	275 Cypress St. #103	02445	435-9413		
Margaret Talmers/Thomas	Gallitano (mem)	146 Bonad Road	02467	323-4752	16	
Phyllis	Giller	69 Park Street #6	02446	232-8690	03	
Linda	Golburgh	70 Park Street #51	02446	566-0071	10	
Deborah	Goldberg	37 Hyslop Road	02445	566-8125	14	
Bernard	Greene	77 Pond Avenue #1402	02445	857-225040	07	
Thomas	Hallock	122 Chestnut Street	02445	739-3624	05	
Serena	Heartz	261 Tappan Street	02445	277-3508	12	
Nancy	Heller	40 Abbottsford Road	02446	277-6108	80	
Chobee	Hoy	37 Osborne Rd	02446	232-9161	08	
Gilbert	Hoy	295 Reservoir Road	02467	899-6096	13	
Julie	Johnson	42 Russell St.	02446	738-9838	09	
Sean Lynn	Jones	53 Monmouth Street	02446	738-6228	01	
Ruth	Kaplan	24 Spooner Road	02467	566-4173	13	
Jon	Karon	124 Winthrop Road #2	02445	251-3311	80	
Terry	Kwan	61 Highland Road	02445	734-0463	05	
Joe Makalusk & Grace	Lee (mem)	61 Shaw Road	02467	892-5310	16	
Wendy McTyre	Machmuller	110 Walnut Street #1	02445	566-7947	05	
Harry	Margolis	144 Clark Road	02445	566-2945	12	
Rita	McNally	230 St. Paul Street Apt. B	02445	730-9812	02	
Puja	Mehta	26 Intervale Rd	02467	270-577-53	3 0	
Jesse	Mermell	149 Winthrop Road #8	02445	566-8812	12	
Michael	Rafferty	36 Country Road	02467	308-7665	0	
Joseph	Robinson	41 Brook Street	02445	232-4981	04	

/19/2022 12:44:55 AM	Elected Members			page 2 of 2	
Martin	Rosenthal	62 Columbia St.	02446	738-6621	09
A. Joseph	Ross	648 Washington St.	02446	734-7372	10
Natalie	Rothstein	80 Park Street #PH	02446	232-4927	11
Cindy	Rowe (Chair)	16 Bowker Street	02445	277-6282	4
Barbara	Scotto	26 Crowninshield Road	02446	566-0041	80
Hank	Shafran	30 Dean Road #D3	02445	739-6229	0
Alex	Sheff	1780 Beacon Street #2	02445	781820030	20
Kim	Smith	22 Brington Road	02445	277-1606	06
Frank	Smizik	42 Russell St.	02446	738-9838	09
Elizabeth Sughrue	Sneirson	1731 Beacon Street #102	02445	515-8930	01
Robert	Sneirson (mem)	1731 Beacon Street	02445	7342353	12
Deborah Jones	Steele	1080 Beacon Street #5E	02446	731-4133	01
Helen	Swartz	9 Payson Rd.	02467	734-2734	16
Charles	Terrell	83 Ivy Street #34	02446	645-8154	0
Kate	Thurmond	23 Circuit Road	02467	277-9753	09
Ann Connolly	Tolkoff	50 Longwood Ave. #1012	02446	566-4285	11
Tommy	Vitolo	153 University Road	02445	734-4496	01
Patrick	Ward Jr.	38 Juniper Street, #112	02445	584-8478	16
Neil	Wishinsky	20 Henry St	02445	7390181	04

/19/2022 12:40:28 AM Associate Members				page 1 of 4	
Leila	Abelow	32 James Street #1	02446	505-6686	0
Jeffrey	Allen	33 Clinton Road	02445	739-2587	12
Pablo	Alvarez	20 Harvard Place	02446	359-7765	0
Dorothy Pizzella & Charles	Baker III (mem)	179 Clinton Rd	02445	566-4147	13
Joan	Benjamin	120A Sewall Avenue #1	02446	731-2642	03
Patricia	Berger	60 Heath Street	02445	566-6847	15
Meg	Bergstrand	86 Fernwood Road	02467	833-5031	0
Andrea	Bleichmar	90 Park Street, Apt 45	02446	5381414	12
Stephanie	Borns-Weil	97 Seawall Avenue #6	02446	617-519-61	0
Julie and Clark	Bruno	102 Davis Avenue	02445	6083148	0
Michael	Burstein	50 Garrison Road #1	02445	734-6460	09
David Larry	Campbell	452 Boylston Street	02445	566-6140	05
Carol	Caro	1264 Beacon Street #2	02446	739-9228	80
Eric	Chin	117 Columbia Street #1	02446	566-8428	0
Michael	Cohen	25 Stearns Road #3	02446	734-8828	07
Norman	Cohen	188 Clark Rd. #1	02445	734-9180	06
Deborah	Cohen (Kaplan)	188 Clark Rd. #1	02445	734-9180	06
Patricia	Correa	32 Davis Ave.	02445	734-5315	06
Jack (mem) and Kathleen	Corrigan	210 Rangeley Road	02467	738-4282	16
Timothy	Dailey	14 Roberts Street #3	02445	617-640-77	05
Edward	DeAngelo	219 Pond Ave.	02445	731-4885	05
Carol	Deanow	367 Harvard Street	02446	731-5790	80
Nikki Horburg	Decter	1752 Beacon St. #4	02445	571-9412	
Susan Adelberg	Dubin	50 Longwood Ave, Apt. 412	02446	566-3443	04
Michael S.	Dukakis	85 Perry St.	02446	373-4407	03
Susan	Ellis	431 Washington Street #3	02446	731-0031	07
Roberta	Falke	15 Alton Place #2	02446	617-962-64	0
Thomas	Faulhaber	100 Centre St. #913	02446	232-6596	08
Doris	Feldman	83 Fuller Street #1	02446	566-1706	8
Shira	Fischer	76 Summit Avenue	02446	777-4844	0
Frances Shedd	Fisher	149 Walnut Street #1	02445	566-7444	05
Julia	Freedson	60 Powell St. #1	02446	917804911	4 0
Joshua	Gardner	59 Alton Place #2	02446	951-2259	07
Sid	Gelb	1550 Beacon Street #11B	02445	277-3322	11

/19/2022 12:40:28 AM	Associate Me	embers		page 2 of 4	
Jennifer	Goldsmith	148 Jordan Road	02446	285-5397	0
Deborah	Good	1129 Beacon Street #2	02446	566-3847	01
Rachel	Goodman	40 Stetson Street #5	02446	566-6093	02
Neil	Gordon	87 Ivy Street	02446	508-265-13	0
Martha	Gray	113 Summit Avenue	02446	566-2468	11
Lisa	Guisbond	11 Gardner Rd	02445	730-5445	12
Beth	Gurney	86 Verndale St. #2	02446	738-1299	0
Nicole	Haber	23 Roberts Street #2	02445	631-7063	0
Regina (Regie)	Healy	20 Chapel Street B407	02446	277-5805	0
Eitan	Hersh	415 Washington Street #4	02446	7818669887	0
Julia	Herskowitz	3 Bradford Terrace #2	02446	566-0328	80
Patricia	Herzog	22 Oakland Road	02445	738-9898	05
Jill	Janows	189 Clinton Road	02445	232-0228	12
Georgia	Johnson	54 Harvard Avenue #2	02446	232-9939	14
Pamela	Julian	11 Loveland Road	02445	694-3797	07
Pam	Katz	29 Columbia Street #2	02446	264-4418	0
Jack	Kavanagh	27 Heath Street	02445	515-2616	14
David	Klafter	63 Winthrop Road #2	02445	734-2593	12
Christopher	Koch	121 Griggs Road #1	02446	738-4453	10
Helen	Kolsky	87 Glen Road #11	02445	738-7521	05
Nancy	Korman	195 St. Paul Street #1	02446	566-2412	1
Debbie	Kornbluh	1501 Beacon Street #606	02446	738-1151	
Joan	Lancourt	139 Beaconsfield Road #3	02445	730-2930	14
Melissa	Langa	618 Washington Street	02446	232-3390	02
Toby	Langerman	1501 Beacon Street #1404	02446	734-2005	11
Reed and Jane	Larsen (mem)	161 Clinton Road	02445	731-5493	12
Mark	Levy	61 Park Street #10J	02446	731-4176	10
Roger	Lipson	622 Chestnut Hill Ave.		232-0408	14
Edward	Loechler	106 Beals Street #2		277-6346	80
Stephan	MacDougall	30 Ackers Avenue #2		277-1525	14
Mary Martha	Mahlmann	99 Crowninshield Road #B4		232-5205	01
Jonathan	Margolis	49 Harvard Avenue #4		738-5369	07
Judith	Mason	46 Browne St. #1		734-0568	02
Rebecca Plaut	Mautner	12 York Terrace #1	02446	230-2166	0

/19/2022 12:40:28 AM	Associate Members			page 3 of 4		
John	McDonough	37 Harris Street #1	02446 7	'31-0828	07	
Robert	Murphy	18 Sheafe Street #1	02467	86-8941	16	
Doreen	Nicastro	25 Kilsyth Road	02445	271-3769	0	
Jaymmy Colon	Ortiz	22 High Street #62	02445	277-1582	04	
Zipora (Zippy )	Ostroy	1111 Beacon Street #18	02446	731-0128	01	
Larry (mem) and Susanne	Palmacci (mem)	138 Davis Ave. #1	02445	731-7964	0	
David	Pantalone	19 Alton Place #1	02446	277-5492	07	
Darrell	Paster	100 Centre Street #417	02446	6463377700	0	
Edith	Pearlman	1443 Beacon Street #701	02446	731-1387	80	
Ellen (memb) and Jim	Perrin	33 Abbottsford Road	02446	566-3576	80	
Alden	Raine	15 Linden Street #1	02445	738-8960	07	
Randy	. Ravitz	60 Babcock Street #83	02446	515-8809	80	
Sarah and Thomas	Reed (mem)	326 Clark Road	02445	731-9328	12	
Jan	Rose	47 Alton Place #3	02446	739-5963	10	
Ellsworth	Rosen	1501 Beacon Street #1003	02445	277-5242	10	
Leslie Feldman	Rumpler	188 Clark Road #2	02445	739-6571	12	
Rochelle	Ruthchild	137 Coolidge Street #2	02446	738-9524	09	
Francine	Schachter	41 Centre Street #405	02446	734-0292	01	
Thaleia	Schlesinger	19 Addington Road #1	02445	277-0196	07	
Carol	Schraft	5 Evans Road	02445	734-8833	13	
Ned Batchelder and Sue	Senator (mem)	43 Allerton Street	02445	738-7968	05	
Sibyl	Senters	73 Fuller Street #2	02446	905-5091	80	
Neerja	Sharma	11 Netherlands Road #1	02445	227-1166	02	
Michael (mem) and Julie	Sher	116 Fuller Street	02446	731-9321	09	
Samuel	Solomon	8 Browne Street #2	02446	738-8442	01	
Stanley	Spiegel	39 Stetson Street	02446	739-0448	02	
Diana	Spiegel	39 Stetson Street	02446	739-0448	02	
Dori	Stern	49 Risley Road	02467	734-7292	16	
Joanne	Sullivan	63 Longwood Ave. #6	02446	566-0847	03	
Melissa	Trevvett	177 Babcock Street #1	02446	773-636-1	1 0	
Sally	Tso	92 Lancaster Terrace	02446	277-5217	0	
Molly	Turlish	1070 Beacon Street #5C	02446	571-7293	0	
Rhoada	Wald	1501 Beacon Street #304	02446	i I	07	
Wendie	Wallis	315 Tappan Street #4	02445	738-0553	12	

/19/2022 12:40:28 AM	Associate Members			page 4 of 4		
Laura	Walters	89 Stearns Road #2	02446	734-1427	03	
Jake	Walters	89 Stearns Road #2	02446	566-2300	0	
Rosalie	Weener	112 Centre Street #10F	02446	8726703	0	
Laura	Weisel	87 Ivy Street	02446	617-875-63	01	
Harriet Goldberg & Donald	Weitzman(mem)	104 Babcock Street #4	02446	738-7864	12	
Evelyn	Weyl	287 Kent Street #1	02446	735-9395	03	
Nancy (memb) and Dan	White	1514 Beacon Street #26	02446	734-3403	03	
Mary	Wong	122 Stedman Street #1	02446	232-6774	10	
Chi-Chi	Wu	14 Marion Terrace	02446	359-2916	07	
Janet	Wynn	108 Sewall Avenue #5	02446	734-6235	3	



## Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

Commonwealth of Massachusett			File with	: City or Town Clerk o	or Election Commission
Fill in Rep	porting Period dates: Beginning Date:	01/2		04/05/2	ingan 1
	eport: (Check one) preceding preliminary	] 30 day a	after election	year-end report	dissolution
E-mail:  Phone # (option	Candidate Full Name (if applicable)  Office Sought and District  Residential Address	/ 7 R	Pmonopoli 20	eyzdorf ommittee Treasurer #2 Brook the Mailing Address	tive MA 02445
	SUMMARY BALANCE	INFO	RMATION:		
	Line 1: Ending Balance from previous report		258,4	15	
	Line 2: Total receipts this period (page 3, line 11)		***		
	Line 3: Subtotal (line 1 plus line 2)		258,45		
	Line 4: Total expenditures this period (page 5, line	14)	258.45		
·	Line 5: Ending Balance (line 3 minus line 4)		Ø		
	Line 6: Total in-kind contributions this period (pag	ge 6)	Ø		
	Line 7: Total (all) outstanding liabilities (page 7)		Ø		
	Line 8: Name of bank(s) used: Citize	n 5			
FOR CAN  Candida  Candida  Candida  Candida  Candida  Candida  Candida  Candida  I certify	Committee Treasurer: If have examined this report including attached schedules and it is, to the best of ading all contributions, loans, receipts, expenditures, disbursements, in-kind countries of all persons acting under the authority or on behalf of this committee in a countrie of the committee of the committee of all persons acting under the authority or on behalf of this committee in action and land liabilities nor made any expenditures on my behalf during this reporting attended to the committee of the com	best of my bordance wiperiod that	check the requirements of M.G. are not otherwise disclosed knowledge and belief, a true tributions and liabilities for	e and complete stateme.  L. c. 55. I have not recin this report.  e and complete stateme in this report.  Date:	ent of all campaign financeived any contributions, and represents the

### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

-1	lease include your committee name and a p  Name and Residential Address	Occupation & Employer		
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
Date Received	(aiphaocheai isting requireu)	Tamount	(an concluded of part of more)	
NA	NA	J NA	NA	
,				
Line 9: Total Rece	ipts over \$50 (or listed above)			
	eipts \$50 and under* (not listed above)			
	RECEIPTS IN THE PERIOD		Enter on page 1, line 2	

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

eport all expenditures. Please include your committee name and a page number on each page.)						
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount		
3/3/12	Citizens Bank	Harvard St.	Bank Fees	24,00		
4/04/22	Steps to SUCLESS	PO. BOX 470 421 Bevoklive, MA 02447	Donation	234.45		
				:		
		·				
Line 12: Total Expenditures over \$50 (or listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)				258.45		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD						

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
NĂ	NA	NA	NA	NA
		/		·
		Line 15: In-Kind Contribution	ns over \$50 (or listed above)	Land the state of
		Line 16: In-Kind Contribution	s \$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND	CONTRIBUTIONS	

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
NA	N/H	N/A	N/A	N/A
	, .			

Enter on page 1, line 7 → Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

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